

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

6075

Registrar's No.

444

STATE FILE NUMBER

63-041132

FILED NOV 5 1963

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Francois Township

Length of stay in lb
5Y; 1M; 16das.

c. CITY OR TOWN DeSoto

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION State Hospital No. 4

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
815 No. Sixth St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DEBORAH (DEBORIS) JESSIE STROUP (STROUPE)

4. DATE OF DEATH

Month

Day

Year

October 26, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
Feb 12, 1893 70

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Jefferson Co., Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William Cattleman (Kattleman)

13b. MOTHER'S MAIDEN NAME

May Williams

14. NAME OF HUSBAND OR WIFE

Robert R. Stroup

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Records, State Hospital No. 4, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inanition

INTERVAL BETWEEN ONSET AND DEATH
Apt. 2 wks.

DUE TO (b)

Psychosis

Apt. 10 yrs.

DUE TO (c)

Cerebral arteriosclerosis

Unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 21, 1963 to Oct. 26, 1963 and last saw her alive on Oct. 26, 1963
Death occurred at 11:25 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

State Hospital No. 4

22c. DATE SIGNED

10-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Oct. 29, 1963 City Cemetery

DeSoto, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mahn Funeral Home, DeSoto, Missouri

Oct 26, 1963

Ethel Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 18 1964

FEB 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Gerard J. Mahan

Licensed Embalmer No. 4975

P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.